



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Alternative Pick-Up Authorization Form

Child's Name: _____

Date(s) of Pick up: _____

Alternate's Name: _____

Alternate's Phone #: _____

Is this person listed as an emergency contact on your child's registration form?

Please alert your alternate pick-up person that your child must be signed out upon pick-up.

We will ask your alternate pick-up individual for identification before we release your child/ren to them.

Please note that campers must be picked up by 6 PM unless you signed up for late care. Our building closes promptly at 6:45 PM.

Parent/Guardian Name: _____

Signature: _____ Date: _____

****This form should be faxed to 973-533-1511 before 3 PM the day prior to the day in which the alternate pick-up arrangement is needed or given directly to the office in the morning for your child's file.**